ADULT SOFTBALL

TEAM NAME – LOCATION	
MANAGER NAME / PHONE ADDRESS	
CLASS	
DATE FROZEN	

PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the ALEXANDER CITY PARKS & RECREATION athletics/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in the program is significant including the potential for permanent paralysis and death, and while particular rules, equipment, and personal disciplines may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE ALEXANDER CITY PARKS & RECREATION, their officers, officials, volunteers and /or employees, other participants, sponsorship agencies, sponsors, advertisers, and if applicable, owners and leasers of the premises used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PLAYERS NAME	D.O.B.	PLAYERS ADDRESS	CITY, STATE, ZIP	PLAYER SIGNATURE
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